

2006 WSDAA Exhibit/Vendor BOOTH APPLICATION FORM  
Washington School for the Deaf – Cafeteria  
Sunday, August 13, 2006  
10:00 am – 4 pm  
Set up time: 9 am – 10 am  
Take down time: no earlier than 4 pm and no later than 5 pm.  
APPLICATION DEADLINE: July 14, 2006

PLEASE fill out this form and submit it to WSDAA c/o WSD 611 Grand Blvd;  
Vancouver, WA. 98661

No Refunds – Credits or Transfer on "No Show".

No Food Sales

No Alcoholic beverages, pets, loud music, and smoking.

## Exhibitor/Vendor Information

Vendor Name:

Type of Merchandise or Exhibit:

Address Line 1:

City:

State/Province:

Postal Code

Country/Region:

Email Address:

Telephone Number:

Fax Number:

Web Site Address:

### Booth & Accessories

	Cost	Quality	Sub-Total
4 ft Diameter Round Table include 2 chairs and have access to 4 large garbage cans	\$ 25.00		
Exhibitors Only (non profit group)	FREE		
Access to one electrical outlet (must provide own extension cord)	\$ 5.00		
LUNCH MEAL (Optional)	\$ 10.00		
TOTAL FEES:			

### Payment Options

— Please send application along with payment to: WSDAA c/o WSD

ATT: Toni Stromberg  
611 Grand Blvd.; Vancouver, WA 98661  
Email: [wsdaa@wsd.wa.gov](mailto:wsdaa@wsd.wa.gov)

NO VISA and/or any type of credit card ALLOWED



Check Enclosed



Money Order Enclosed



Cash – pay in person only

- **Acceptance:** Vendor understands that acceptance of the Application and Agreement is within the sole discretion of Washington School for the Deaf Alumni Association in the Washington School for the Deaf. Washington School for the Deaf Alumni Association reserves the right to refuse applications that do not meet the standards set for this event. In addition, an exhibit not reflecting a family standard or the spirit of this event may be deemed non-acceptable. All applications go through a review process based on the following and are not accepted on a first come, first serve basis.
- **Sales Vendors:** Vendors selling products and/or merchandise, hereby agree to pay the Booth Fees stated above.
- **Sales Tax:** Vendor hereby agrees to collect any and all applicable taxes, Washington School for the Deaf Alumni Association does not accept or assume any responsibility for state, local and or federal taxes required. Payment of sales tax is the sole responsibility of the Exhibitor.
- **Set Up:** Vendor booths will be located in areas along the perimeter of the cafeteria and placement of the booth is at the sole discretion of Washington State School Deaf Alumni Association in the Washington School for the Deaf. Set up time for Vendors shall be Saturday, August 13, 2006, from 9:00 a.m. to 10:00 a.m.
- **Booth Hours:**
  - Vendors hours to be open for sales or information as follows: 10:00 - 4:00p.m.
  - Vendor hereby agrees to not take down or remove sales / exhibits until after closing time, unless otherwise approved by Washington School for the Deaf Alumni Association.
- **Vendor Risk:**
  - Vendor hereby agrees that all personal property, supplies, equipment, product and merchandise in or around the Booth exhibit area shall be on site at its own sole risk and hazard.
  - Vendor hereby agrees to indemnify and hold Washington School for the Deaf Alumni Association harmless from any and all claims, cause of action, suits or demands for liability, damage, loss, expense arising from any injury to persons or property which may occur in relation or connection to Vendor's, its agents, representatives, employees, guests or customers activities, acts, actions, failures or omissions in relation to this event at any time before, during or after the same.
  - Exhibitor will provide their own insurance coverage through their own agent.
- **Tear-Down:**
  - Exhibitor can begin manual load-out after 6:00p.m. Saturday, August 13, 2006. All product and furnishings must be removed by 5:00 p.m.
  - Any merchandise not collected and removed from the park area will be considered refuse and will be disposed of.
  - Please bag all trash and secure bags and put them in the trash can provided within the building (there should be 4 large cans).

1. Please list any additional information/comments you feel may helpful in defining your particular business/exhibit:

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Vendor  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Office Only

Name:

Telephone Number:

Fax Number:

Cell/Pager Number:

E-mail Address:

Payment made:

☐ cash - pay in person only    ☐ money order # \_\_\_\_\_    ☐ check # \_\_\_\_\_

RECEIVED BY: